## Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES 3896 - 031736 (P-6004) In re Application of I hereby certify that this correspondence is being transmitted to the USPTO Kirk D. Swenson or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, **Application Number** Filed P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] 10/786,725 2/25/2004 June 9, 2009 For "Safety Blood Collection Holder" Signature\_ Art Unit Examiner Typed or printed 3736 Rene T. Towa Sharyn Beck name. Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. 540.00 The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 23-0650 I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. Signature assignee of record of the entire interest. Kirk M. Miles See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. 37,891 412-471-8815 Registration number Telephone number attorney or agent acting under 37 CFR 1.34. June 9, 2009 Registration number if acting under 37 CFR 1.34.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below\*.

forms are submitted.

Doc. No. SX0999

\*Total of